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PTO/SB/01 (12/97)

Approved for use through 9/30/00. OMB 0651-0032

Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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**DECLARATION FOR UTILITY OR
DESIGN
PATENT APPLICATION
(37 CFR 1.63)**

Attorney Docket Number 86017.000025

First Named Inventor Krivitski, Nikolai M.

COMPLETE IF KNOWN

Application Number

Filing Date

Group Art Unit

Examiner Name



Declaration
Submitted with
Initial Filing



Declaration Submitted
after Initial Filing
(surcharge (37 CFR 1.16 (e))
required)

As a below named inventor, I hereby declare that:

My residence, post office address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

**RETROGRADE THERMODILUTION CATHETER HAVING AN INJECTATE THERMAL EFFECT COMPENSATION FOR BLOOD
FLOW MEASUREMENT**

(Title of the Invention)

the specification of which



is attached hereto

OR



was filed on (MM/DD/YYYY)

as United States Application Number or PCT International

Application Number

and was amended on (MM/DD/YYYY)

(if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT International application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT International application having a filing date before that of the application which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached? YES	Certified Copy Attached? NO
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.

Application Number (s)	Filing Date (MM/DD/YYYY)



Additional provisional application
numbers are listed on a supplemental
priority data sheet Patent and
Trademark Office/SB/02B attached
hereto

[Page 1 of 2]

Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

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DECLARATION - UTILITY OR DESIGN PATENT APPLICATION

I hereby claim the benefit under 35 U.S.C. 120 of any United States application(s), or 365© of any PCT International application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of 35 U.S.C. 112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56 which became available between the filing date of the prior application and the national or PCT International filing date of this application

U.S. Patent Application or PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	Parent Patent Number (if applicable)

☐ Additional U.S. or PCT International application numbers are listed on a supplemental priority data sheet Patent and Trademark Office-SB/02B attached

As a named inventor, I hereby appoint the following registered practitioner(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected herewith.

☒ Customer Number

23387

OR

☐ Registered practitioner(s) name/registration number listed below



Name	Registration Number	Name	Registration Number

☐ Additional registered practitioner(s) named on supplemental Registered Practitioner Information sheet Patent and Trademark Office/SB/02C attached hereto.

Direct all correspondence to:



Customer Number
or Bar Code Label



OR



Correspondence address below

Name					
Address					
Address					
City		State		ZIP	
Country		Telephone		Fax	

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Name of Sole or First Inventor:



A Petition has been filed for this unsigned inventor

Given Name (first and middle (if any))	Family Name or Surname
Nikolai M.	Krivitski

Inventor's Signature					Date	02.19.02	
Residence: City	Ithaca	State	New York	Country	United States	Citizenship	U.S.
Post Office Address	227 Highgate Road						
Post Office Address							
City	Ithaca	State	New York	ZIP	14850	Country	United States



Additional inventors are being named on the

Supplemental Additional Inventor(s) sheet(s) Patent and Trademark Office/SB/02A attached hereto

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PTO/SB/02A (3/97)

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DECLARATION				ADDITIONAL INVENTOR(S) Supplemental Sheet Page 1 of 1			
Name of Additional Joint Inventor, if any: <input type="checkbox"/> A petition has been filed for this unsigned inventor							
Given Name (first and middle [if any])			Family Name or Surname				
Victor V.			Kislukhin				
Inventor's Signature					Date	02.19.02	
Residence: City	Ithaca	State	New York	Country	United States	Citizenship	Russian
Post Office Address							
Post Office Address	2250 North Triphammer Road						
City	Ithaca	State	New York	ZIP	14850	Country	U.S.
Name of Additional Joint Inventor, if any: <input type="checkbox"/> A petition has been filed for this unsigned inventor							
Given Name (first and middle [if any])			Family Name or Surname				
Inventor's Signature					Date		
Residence: City		State		Country	UNITED STATES	Citizenship	U.S.
Post Office Address							
Post Office Address							
City		State		ZIP		Country	UNITED STATES
Name of Additional Joint Inventor, if any: <input type="checkbox"/> A petition has been filed for this unsigned inventor							
Given Name (first and middle [if any])			Family Name or Surname				
Inventor's Signature					Date		
Residence: City		State		Country	UNITED STATES	Citizenship	U.S.
Post Office Address							
Post Office Address							
City		State		ZIP		Country	UNITED STATES
Name of Additional Joint Inventor, if any: <input type="checkbox"/> A petition has been filed for this unsigned inventor							
Given Name (first and middle [if any])			Family Name or Surname				
Inventor's Signature					Date		
Residence: City		State		Country	UNITED STATES	Citizenship	U.S.
Post Office Address							
Post Office Address							
City		State		ZIP		Country	UNITED STATES

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